

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/83682 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		3				
5		4				
6		5				
7		6				
8		7				
9		8				
10		9				
11		10				
12		11				
13		12				
14		13				
15		14				
16	1					
17		1				
18		2				
19		3				
20		4				
21		5				
22		6				
23		7				
24		8				
25		9				
26	1					
27		1				
28		2				
29		3				
30	1					
31		1				
32		2				
33		3				
34		4				
35		5				
36		6				
37		7				
38	1					
39		1				
40		2				
41		3				
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	11		11		11	
TOTAL DEP.	11		11		11	
TOTAL CLAIMS	11		11		11	

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS